

PRELIMINARY DRAFT

TEXAS LEGISLATIVE COUNCIL  
Government Code  
Chapter 525  
10/11/22

1 CHAPTER 525. GENERAL POWERS AND DUTIES OF HEALTH AND HUMAN SERVICES  
2 COMMISSION AND EXECUTIVE COMMISSIONER  
3 SUBCHAPTER A. HEALTH AND HUMAN SERVICES ADMINISTRATION GENERALLY  
4 Sec. 525.0001. POWERS AND DUTIES RELATING TO HEALTH  
5 AND HUMAN SERVICES ADMINISTRATION . . . . . 3  
6 Sec. 525.0002. LOCATION OF AND CONSOLIDATION OF  
7 CERTAIN SERVICES AMONG HEALTH AND  
8 HUMAN SERVICES AGENCIES . . . . . 4  
9 Sec. 525.0003. CONSOLIDATED INTERNAL AUDIT PROGRAM . . . . . 4  
10 Sec. 525.0004. INTERAGENCY DISPUTE ARBITRATION . . . . . 5  
11 SUBCHAPTER B. ACCOUNTING AND FISCAL PROVISIONS  
12 Sec. 525.0051. MANAGEMENT INFORMATION AND COST  
13 ACCOUNTING SYSTEMS . . . . . 5  
14 Sec. 525.0052. FEDERAL MONEY: PLANNING AND MANAGEMENT;  
15 ANNUAL REPORT . . . . . 6  
16 Sec. 525.0053. AUTHORITY TO TRANSFER CERTAIN  
17 APPROPRIATED AMOUNTS AMONG HEALTH AND  
18 HUMAN SERVICES AGENCIES . . . . . 8  
19 Sec. 525.0054. EFFICIENCY AUDIT OF CERTAIN ASSISTANCE  
20 PROGRAMS . . . . . 9  
21 Sec. 525.0055. GIFTS AND GRANTS . . . . . 12  
22 SUBCHAPTER C. CONTRACTS  
23 Sec. 525.0101. GENERAL CONTRACT AUTHORITY . . . . . 12  
24 Sec. 525.0102. SUBROGATION AND THIRD-PARTY  
25 REIMBURSEMENT CONTRACTS . . . . . 12

1	SUBCHAPTER D. PLANNING AND DELIVERY OF HEALTH AND HUMAN SERVICES		
2	Sec. 525.0151.	PLANNING AND DELIVERY OF HEALTH AND	
3		HUMAN SERVICES GENERALLY . . . . .	14
4	Sec. 525.0152.	PLANNING AND POLICY DIRECTION OF	
5		TEMPORARY ASSISTANCE FOR NEEDY	
6		FAMILIES PROGRAM . . . . .	16
7	Sec. 525.0153.	ANNUAL BUSINESS SERVICES PLANS . . . . .	16
8	Sec. 525.0154.	COORDINATED STRATEGIC PLAN AND BIENNIAL	
9		PLAN UPDATES FOR HEALTH AND HUMAN	
10		SERVICES . . . . .	17
11	Sec. 525.0155.	COORDINATION WITH LOCAL GOVERNMENTAL	
12		ENTITIES . . . . .	19
13	Sec. 525.0156.	SUBMISSION AND REVIEW OF AGENCY	
14		STRATEGIC PLANS AND BIENNIAL PLAN	
15		UPDATES . . . . .	20
16	Sec. 525.0157.	STATEWIDE NEEDS APPRAISAL PROJECT . . . . .	20
17	Sec. 525.0158.	STREAMLINING SERVICE DELIVERY . . . . .	21
18	Sec. 525.0159.	HOTLINE AND CALL CENTER COORDINATION . . . . .	22
19	Sec. 525.0160.	COMMUNITY-BASED SUPPORT SYSTEMS . . . . .	23
20	SUBCHAPTER E. HEALTH INFORMATION EXCHANGE SYSTEM		
21	Sec. 525.0201.	DEFINITIONS . . . . .	25
22	Sec. 525.0202.	HEALTH INFORMATION EXCHANGE SYSTEM	
23		DEVELOPMENT . . . . .	26
24	Sec. 525.0203.	HEALTH INFORMATION EXCHANGE SYSTEM	
25		IMPLEMENTATION IN STAGES . . . . .	30
26	Sec. 525.0204.	HEALTH INFORMATION EXCHANGE SYSTEM	
27		STAGE ONE: ENCOUNTER DATA . . . . .	30
28	Sec. 525.0205.	HEALTH INFORMATION EXCHANGE SYSTEM	
29		STAGE ONE: ELECTRONIC PRESCRIBING . . . . .	31
30	Sec. 525.0206.	HEALTH INFORMATION EXCHANGE SYSTEM	
31		STAGE TWO: EXPANSION . . . . .	33
32	Sec. 525.0207.	HEALTH INFORMATION EXCHANGE SYSTEM	
33		STAGE THREE: EXPANSION . . . . .	35

1 Sec. 525.0208. STRATEGIES TO ENCOURAGE HEALTH  
2 INFORMATION EXCHANGE SYSTEM USE . . . . . 35  
3 Sec. 525.0209. RULES . . . . . 36  
4 SUBCHAPTER F. INFORMATION RESOURCES AND TECHNOLOGY  
5 Sec. 525.0251. INFORMATION RESOURCES STRATEGIC  
6 PLANNING AND MANAGEMENT . . . . . 36  
7 Sec. 525.0252. TECHNOLOGICAL SOLUTIONS POLICIES . . . . . 38  
8 Sec. 525.0253. TECHNOLOGY USE FOR ADULT PROTECTIVE  
9 SERVICES PROGRAM . . . . . 39  
10 Sec. 525.0254. ELECTRONIC SIGNATURES . . . . . 40  
11 Sec. 525.0255. HEALTH AND HUMAN SERVICES SYSTEM  
12 INTERNET WEBSITES . . . . . 41  
13 Sec. 525.0256. AUTOMATION STANDARDS FOR DATA SHARING . . . . . 41  
14 Sec. 525.0257. ELECTRONIC EXCHANGE OF HEALTH  
15 INFORMATION; BIENNIAL REPORT . . . . . 42  
16 SUBCHAPTER G. STUDIES, REPORTS, AND PUBLICATIONS  
17 Sec. 525.0301. BIENNIAL REFERENCE GUIDE . . . . . 44  
18 Sec. 525.0302. CONSOLIDATION OF REPORTS . . . . . 44  
19 Sec. 525.0303. ANNUAL REPORT ON SAFEGUARDING PROTECTED  
20 HEALTH INFORMATION . . . . . 45  
21 CHAPTER 525. GENERAL POWERS AND DUTIES OF HEALTH AND HUMAN SERVICES  
22 COMMISSION AND EXECUTIVE COMMISSIONER  
23 SUBCHAPTER A. HEALTH AND HUMAN SERVICES ADMINISTRATION GENERALLY  
24 Revised Law  
25 Sec. 525.0001. POWERS AND DUTIES RELATING TO HEALTH AND  
26 HUMAN SERVICES ADMINISTRATION. The executive commissioner and the  
27 commission have all the powers and duties necessary to administer  
28 Chapter 531 and revised provisions derived from Chapter 531, as  
29 that chapter existed March 31, 2025. (Gov. Code, Sec. 531.041.)  
30 Source Law  
31 Sec. 531.041. GENERAL POWERS AND DUTIES. The  
32 executive commissioner and the commission have all the  
33 powers and duties necessary to administer this  
34 chapter.

1 Revised Law

2 Sec. 525.0002. LOCATION OF AND CONSOLIDATION OF CERTAIN  
3 SERVICES AMONG HEALTH AND HUMAN SERVICES AGENCIES. (a) The  
4 commission may require a health and human services agency, under  
5 the commission's direction, to:

6 (1) ensure that the agency's location is accessible  
7 to:

8 (A) employees with disabilities; and

9 (B) agency clients with disabilities; and

10 (2) consolidate agency support services, including  
11 clerical, administrative, and information resources support  
12 services, with support services provided to or by another health  
13 and human services agency.

14 (b) The executive commissioner may require a health and  
15 human services agency, under the executive commissioner's  
16 direction, to locate all or a portion of the agency's employees and  
17 programs:

18 (1) in the same building as another health and human  
19 services agency; or

20 (2) at a location near or adjacent to another health  
21 and human services agency's location. (Gov. Code, Sec. 531.0246.)

22 Source Law

23 Sec. 531.0246. REGIONAL MANAGEMENT OF HEALTH  
24 AND HUMAN SERVICES AGENCIES. (a) The commission may  
25 require a health and human services agency, under the  
26 direction of the commission, to:

27 (1) ensure that the agency's location is  
28 accessible to employees with disabilities and agency  
29 clients with disabilities; and

30 (2) consolidate agency support services,  
31 including clerical and administrative support  
32 services and information resources support services,  
33 with support services provided to or by another health  
34 and human services agency.

35 (b) The executive commissioner may require a  
36 health and human services agency, under the direction  
37 of the executive commissioner, to locate all or a  
38 portion of the agency's employees and programs in the  
39 same building as another health and human services  
40 agency or at a location near or adjacent to the  
41 location of another health and human services agency.

42 Revised Law

43 Sec. 525.0003. CONSOLIDATED INTERNAL AUDIT PROGRAM. (a)

1 Notwithstanding Section 2102.005, the commission shall operate the  
2 internal audit program required under Chapter 2102 for the  
3 commission and each health and human services agency as a  
4 consolidated internal audit program.

5 (b) For purposes of this section, a reference in Chapter  
6 2102 to the administrator of a state agency with respect to a health  
7 and human services agency means the executive commissioner. (Gov.  
8 Code, Sec. 531.00552.)

9 Source Law

10 Sec. 531.00552. CONSOLIDATED INTERNAL AUDIT  
11 PROGRAM. (a) Notwithstanding Section 2102.005, the  
12 commission shall operate the internal audit program  
13 required under Chapter 2102 for the commission and  
14 each health and human services agency as a  
15 consolidated internal audit program.

16 (b) For purposes of this section, a reference in  
17 Chapter 2102 to the administrator of a state agency  
18 with respect to a health and human services agency  
19 means the executive commissioner.

20 Revised Law

21 Sec. 525.0004. INTERAGENCY DISPUTE ARBITRATION. The  
22 executive commissioner shall arbitrate and render the final  
23 decision on interagency disputes. (Gov. Code, Sec. 531.035.)

24 Source Law

25 Sec. 531.035. DISPUTE ARBITRATION. The  
26 executive commissioner shall arbitrate and render the  
27 final decision on interagency disputes.

28 SUBCHAPTER B. ACCOUNTING AND FISCAL PROVISIONS

29 Revised Law

30 Sec. 525.0051. MANAGEMENT INFORMATION AND COST ACCOUNTING  
31 SYSTEMS. The executive commissioner shall establish a management  
32 information system and a cost accounting system for all health and  
33 human services that is compatible with and meets the requirements  
34 of the uniform statewide accounting project. (Gov. Code, Sec.  
35 531.031.)

36 Source Law

37 Sec. 531.031. MANAGEMENT INFORMATION AND COST  
38 ACCOUNTING SYSTEM. The executive commissioner shall  
39 establish a management information system and a cost  
40 accounting system for all health and human services  
41 that is compatible with and meets the requirements of  
42 the uniform statewide accounting project.

1 Revised Law

2 Sec. 525.0052. FEDERAL MONEY: PLANNING AND MANAGEMENT;  
3 ANNUAL REPORT. (a) The commission, subject to the General  
4 Appropriations Act, is responsible for planning for and managing  
5 the use of federal money in a manner that maximizes the federal  
6 funding available to this state while promoting the delivery of  
7 services.

8 (b) The executive commissioner shall:

9 (1) establish a federal money management system to  
10 coordinate and monitor the use of federal money health and human  
11 services agencies receive to ensure that the money is spent in the  
12 most efficient manner;

13 (2) establish priorities for health and human services  
14 agencies' use of federal money in coordination with the coordinated  
15 strategic plan the executive commissioner develops under Section  
16 525.0154;

17 (3) coordinate and monitor the use of federal money  
18 for health and human services to ensure that the money is spent in  
19 the most cost-effective manner throughout the health and human  
20 services system;

21 (4) review and approve all federal funding plans for  
22 health and human services in this state;

23 (5) estimate available federal money, including  
24 earned federal money, and monitor unspent money;

25 (6) ensure that the state meets federal requirements  
26 relating to receipt of federal money for health and human services,  
27 including requirements relating to state matching money and  
28 maintenance of effort;

29 (7) transfer appropriated amounts as described by  
30 Section 525.0053; and

31 (8) ensure that each governmental entity the executive  
32 commissioner identifies under Section 525.0155 has access to  
33 complete and timely information about all sources of federal money  
34 for health and human services programs and that technical

1 assistance is available to governmental entities seeking grants of  
2 federal money to provide health and human services.

3 (c) The commission shall prepare an annual report regarding  
4 the results of implementing this section. The report must identify  
5 strategies to:

6 (1) maximize the receipt and use of federal money; and

7 (2) improve federal money management.

8 (d) Not later than December 15 of each year, the commission  
9 shall file the report the commission prepares under Subsection (c)  
10 with the governor, the lieutenant governor, and the speaker of the  
11 house of representatives. (Gov. Code, Sec. 531.028.)

12 Source Law

13 Sec. 531.028. MONITORING AND EFFECTIVE  
14 MANAGEMENT OF FUNDS. (a) The commission, within the  
15 limits established by and subject to the General  
16 Appropriations Act, shall be responsible for planning  
17 for, and managing the use of, all federal funds in a  
18 manner that maximizes the federal funding available to  
19 the state while promoting the delivery of services.

20 (b) The executive commissioner shall establish  
21 a federal money management system to coordinate and  
22 monitor the use of federal money that is received by  
23 health and human services agencies to ensure that the  
24 money is spent in the most efficient manner and shall:

25 (1) establish priorities for use of  
26 federal money by all health and human services  
27 agencies, in coordination with the coordinated  
28 strategic plan established under Section 531.022;

29 (2) coordinate and monitor the use of  
30 federal money for health and human services to ensure  
31 that the money is spent in the most cost-effective  
32 manner throughout the health and human services  
33 system;

34 (3) review and approve all federal funding  
35 plans for health and human services in this state;

36 (4) estimate available federal money,  
37 including earned federal money, and monitor unspent  
38 money;

39 (5) ensure that the state meets federal  
40 requirements relating to receipt of federal money for  
41 health and human services, including requirements  
42 relating to state matching money and maintenance of  
43 effort;

44 (6) transfer appropriated amounts as  
45 described by Section 531.0271; and

46 (7) ensure that each governmental entity  
47 identified under Section 531.022(e) has access to  
48 complete and timely information about all sources of  
49 federal money for health and human services programs  
50 and that technical assistance is available to  
51 governmental entities seeking grants of federal money  
52 to provide health and human services.

53 (c) The commission shall prepare an annual  
54 report with respect to the results of the  
55 implementation of this section. The report must

1 identify strategies to maximize the receipt and use of  
2 federal funds and to improve federal funds management.  
3 The commission shall file the report with the  
4 governor, the lieutenant governor, and the speaker of  
5 the house of representatives not later than December  
6 15 of each year.

7 Revisor's Note

8 (1) Sections 531.028(a) and (c), Government  
9 Code, refer to federal "funds." Throughout this  
10 chapter, the revised law substitutes "money" for  
11 "funds" where, in context, the meaning is the same  
12 because "money" is the more commonly used term.

13 (2) Section 531.028(a), Government Code,  
14 provides that the Health and Human Services Commission  
15 is responsible for planning for and managing the use of  
16 federal money "within the limits established by and  
17 subject to the General Appropriations Act." The  
18 revised law omits "within the limits established by"  
19 as redundant because, in this context, "within the  
20 limits established by" is included in the meaning of  
21 "subject to."

22 Revised Law

23 Sec. 525.0053. AUTHORITY TO TRANSFER CERTAIN APPROPRIATED  
24 AMOUNTS AMONG HEALTH AND HUMAN SERVICES AGENCIES. The commission  
25 may, subject to the General Appropriations Act, transfer amounts  
26 appropriated to health and human services agencies among the  
27 agencies to:

28 (1) enhance the receipt of federal money under the  
29 federal money management system the executive commissioner  
30 establishes under Section 525.0052;

31 (2) achieve efficiencies in the agencies'  
32 administrative support functions; and

33 (3) perform the functions assigned to the executive  
34 commissioner under Sections 525.0254 and \_\_\_\_\_ [[[Sections  
35 531.0055(a), (b), (c), (d), (e), (f), (g), (h), (j), (k), (l)]]].  
36 (Gov. Code, Sec. 531.0271.)



1 efficiency audit is required under this section, select an external  
2 auditor to conduct the audit; and

3 (2) ensure that the external auditor conducts the  
4 audit in accordance with this section.

5 (d) The external auditor shall be independent and not  
6 subject to direction from:

7 (1) the commission; or

8 (2) any other state agency that:

9 (A) is subject to evaluation by the auditor for  
10 purposes of this section; or

11 (B) receives or spends money under the programs  
12 described by Subsection (a).

13 (e) The external auditor shall complete the efficiency  
14 audit not later than the 90th day after the date the state auditor  
15 selects the external auditor.

16 (f) The Legislative Budget Board shall establish the scope  
17 of the efficiency audit and determine the areas of investigation  
18 for the audit, including:

19 (1) reviewing the resources dedicated to a program  
20 described by Subsection (a) to determine whether those resources:

21 (A) are used effectively and efficiently to  
22 achieve desired outcomes for individuals receiving benefits under  
23 the program; and

24 (B) are not used for purposes other than the  
25 intended goals of the program;

26 (2) identifying cost savings or reallocations of  
27 resources; and

28 (3) identifying opportunities to improve services  
29 through consolidation of essential functions, outsourcing, and  
30 elimination of duplicative efforts.

31 (g) Not later than November 1 of the year an efficiency  
32 audit is conducted, the external auditor shall prepare and submit a  
33 report of the audit and recommendations for efficiency improvements  
34 to:

- 1 (1) the governor;
- 2 (2) the Legislative Budget Board;
- 3 (3) the state auditor;
- 4 (4) the executive commissioner; and
- 5 (5) the chairs of the House Human Services Committee
- 6 and the Senate Health and Human Services Committee.

7 (h) The executive commissioner and the state auditor shall  
8 publish the report, recommendations, and full efficiency audit on  
9 the commission's and the state auditor's Internet websites. (Gov.  
10 Code, Sec. 531.005522.)

11 Source Law

12 Sec. 531.005522. EFFICIENCY AUDIT. (a) For  
13 purposes of this section, "efficiency audit" means an  
14 investigation of the implementation and  
15 administration of the federal Temporary Assistance for  
16 Needy Families program operated under Chapter 31,  
17 Human Resources Code, and the state temporary  
18 assistance and support services program operated under  
19 Chapter 34, Human Resources Code, to examine fiscal  
20 management, efficiency of the use of resources, and  
21 the effectiveness of state efforts in achieving the  
22 goals of the Temporary Assistance for Needy Families  
23 program described under 42 U.S.C. Section 601(a).

24 (b) In 2022 and every sixth year after that  
25 year, an external auditor selected under Subsection  
26 (e) shall conduct an efficiency audit.

27 (c) The commission shall pay the costs  
28 associated with an efficiency audit required under  
29 this section using existing resources.

30 (d) The state auditor shall ensure that the  
31 external auditor conducts the efficiency audit in  
32 accordance with the requirements of this section.

33 (e) Not later than March 1 of the year in which  
34 an efficiency audit is required under this section,  
35 the state auditor shall select an external auditor to  
36 conduct the efficiency audit.

37 (f) The external auditor shall be independent  
38 and not subject to direction from:

- 39 (1) the commission; or
- 40 (2) any other state agency subject to  
41 evaluation by the auditor for purposes of this section  
42 or that receives or spends money under the programs  
43 described by Subsection (a).

44 (g) The external auditor shall complete the  
45 audit not later than the 90th day after the date the  
46 auditor is selected.

47 (h) The Legislative Budget Board shall  
48 establish the scope of the efficiency audit and  
49 determine the areas of investigation for the audit,  
50 including:

51 (1) reviewing the resources dedicated to a  
52 program described by Subsection (a) to determine  
53 whether those resources:

- 54 (A) are being used effectively and  
55 efficiently to achieve desired outcomes for  
56 individuals receiving benefits under a program; and

1 (B) are not being used for purposes  
2 other than the intended goals of the applicable  
3 program;

4 (2) identifying cost savings or  
5 reallocations of resources; and

6 (3) identifying opportunities for  
7 improving services through consolidation of essential  
8 functions, outsourcing, and elimination of  
9 duplicative efforts.

10 (i) Not later than November 1 of the year an  
11 efficiency audit is conducted, the external auditor  
12 shall prepare and submit a report of the audit and  
13 recommendations for efficiency improvements to the  
14 governor, the Legislative Budget Board, the state  
15 auditor, the executive commissioner, and the chairs of  
16 the House Human Services Committee and the Senate  
17 Health and Human Services Committee. The executive  
18 commissioner and the state auditor shall publish the  
19 report, recommendations, and full audit on the  
20 commission's and the state auditor's Internet  
21 websites.

22 Revised Law

23 Sec. 525.0055. GIFTS AND GRANTS. The commission may accept  
24 a gift or grant from a public or private source to perform any of the  
25 commission's powers or duties. (Gov. Code, Sec. 531.038.)

26 Source Law

27 Sec. 531.038. GIFTS AND GRANTS. The commission  
28 may accept a gift or grant from a public or private  
29 source to perform any of the commission's powers or  
30 duties.

31 SUBCHAPTER C. CONTRACTS

32 Revised Law

33 Sec. 525.0101. GENERAL CONTRACT AUTHORITY. The commission  
34 may enter into contracts as necessary to perform any of the  
35 commission's powers or duties. (Gov. Code, Sec. 531.039.)

36 Source Law

37 Sec. 531.039. CONTRACTS. The commission may  
38 enter into contracts as necessary to perform any of the  
39 commission's powers or duties.

40 Revised Law

41 Sec. 525.0102. SUBROGATION AND THIRD-PARTY REIMBURSEMENT  
42 CONTRACTS. (a) Except as provided by Subsection (d), the  
43 commission shall enter into a contract under which the contractor  
44 is authorized on behalf of the commission or a health and human  
45 services agency to recover money under a subrogation or third-party  
46 reimbursement right the commission or agency holds that arises from  
47 payment of medical expenses. The contract must provide that:

1           (1) the commission or agency, as appropriate, shall  
2 compensate the contractor based on a percentage of the amount of  
3 money the contractor recovers for the commission or agency; and

4           (2) the contractor may represent the commission or  
5 agency in a court proceeding to recover money under a subrogation or  
6 third-party reimbursement right if:

7           (A) the attorney required by other law to  
8 represent the commission or agency in court approves; and

9           (B) the representation is cost-effective and  
10 specifically authorized by the commission.

11           (b) The commission shall develop a process to:

12           (1) identify claims for the recovery of money under a  
13 subrogation or third-party reimbursement right described by this  
14 section; and

15           (2) refer the identified claims to a contractor  
16 authorized under this section.

17           (c) A health and human services agency shall cooperate with  
18 a contractor authorized under this section on a claim the agency  
19 refers to the contractor for recovery.

20           (d) If the commission cannot identify a contractor who is  
21 willing to contract with the commission under this section on  
22 reasonable terms, the commission:

23           (1) is not required to enter into a contract under  
24 Subsection (a); and

25           (2) shall develop and implement alternative policies  
26 to ensure the recovery of money under a subrogation or third-party  
27 reimbursement right.

28           (e) The commission may allow a state agency other than a  
29 health and human services agency to be a party to the contract  
30 required by Subsection (a). If the commission allows an additional  
31 state agency to be a party to the contract, the commission shall  
32 modify the contract as necessary to reflect the services the  
33 contractor is to provide to that agency. (Gov. Code, Sec.  
34 531.0391.)

1 Source Law

2 Sec. 531.0391. SUBROGATION AND THIRD-PARTY  
3 REIMBURSEMENT COLLECTION CONTRACT. (a) The commission  
4 shall enter into a contract under which the contractor  
5 is authorized on behalf of the commission or a health  
6 and human services agency to recover money under a  
7 subrogation or third-party reimbursement right held by  
8 the commission or a health and human services agency  
9 arising from payment of medical expenses. The contract  
10 must provide that:

11 (1) the commission or agency, as  
12 appropriate, shall compensate the contractor based on  
13 a percentage of the amount of money recovered by the  
14 contractor for the commission or agency; and

15 (2) with the approval of the attorney  
16 required by other law to represent the commission or  
17 agency in court, the contractor may represent the  
18 commission or agency in a court proceeding to recover  
19 money under a subrogation or third-party reimbursement  
20 right if the representation is cost-effective and  
21 specifically authorized by the commission.

22 (b) The commission shall develop a process for  
23 identifying claims for the recovery of money under a  
24 subrogation or third-party reimbursement right  
25 described by this section and referring the claims to  
26 the contractor. A health and human services agency  
27 shall cooperate with the contractor on a claim of the  
28 agency referred to the contractor for collection.

29 (c) The commission is not required to enter into  
30 a contract under Subsection (a) if the commission  
31 cannot identify a contractor who is willing to  
32 contract with the commission on reasonable terms. If  
33 the commission cannot identify such a contractor, the  
34 commission shall develop and implement alternative  
35 policies to ensure the collection of money under a  
36 subrogation or third-party reimbursement right.

37 (d) The commission may allow a state agency  
38 other than a health and human services agency to be a  
39 party to the contract required under Subsection (a).  
40 In that case, the commission shall modify the contract  
41 as necessary to reflect the services to be provided by  
42 the contractor to the additional state agency.

43 Revisor's Note

44 Section 531.0391, Government Code, refers to both  
45 the collection of money and the recovery of money under  
46 a subrogation or third-party reimbursement right. The  
47 revised law substitutes "recovery" for "collection"  
48 for consistency of terminology, and because in context  
49 the terms are synonymous.

50 SUBCHAPTER D. PLANNING AND DELIVERY OF HEALTH AND HUMAN SERVICES

51 Revised Law

52 Sec. 525.0151. PLANNING AND DELIVERY OF HEALTH AND HUMAN  
53 SERVICES GENERALLY. The executive commissioner shall:

54 (1) facilitate and enforce coordinated planning and

1 delivery of health and human services, including:

2 (A) compliance with the coordinated strategic  
3 plan;

4 (B) colocation of services;

5 (C) integrated intake; and

6 (D) coordinated referral and case management;

7 (2) establish and enforce uniform regional boundaries  
8 for all health and human services agencies;

9 (3) carry out statewide health and human services  
10 needs surveys and forecasting;

11 (4) perform independent special-outcome evaluations  
12 of health and human services programs and activities; and

13 (5) on request of a governmental entity the executive  
14 commissioner identifies under Section 525.0155, assist the entity  
15 in implementing a coordinated plan that:

16 (A) may include colocation of services,  
17 integrated intake, and coordinated referral and case management;  
18 and

19 (B) is tailored to the entity's needs and  
20 priorities. (Gov. Code, Sec. 531.024(a) (part).)

21 Source Law

22 Sec. 531.024. PLANNING AND DELIVERY OF HEALTH  
23 AND HUMAN SERVICES; DATA SHARING. (a) The executive  
24 commissioner shall:

25 (1) facilitate and enforce coordinated  
26 planning and delivery of health and human services,  
27 including:

28 (A) compliance with the coordinated  
29 strategic plan;  
30 (B) co-location of services;  
31 (C) integrated intake; and  
32 (D) coordinated referral and case  
33 management;

34 . . .  
35 (3) establish and enforce uniform regional  
36 boundaries for all health and human services agencies;

37 (4) carry out statewide health and human  
38 services needs surveys and forecasting;

39 (5) perform independent special-outcome  
40 evaluations of health and human services programs and  
41 activities;

42 (6) at the request of a governmental  
43 entity identified under Section 531.022(e), assist  
44 that entity in implementing a coordinated plan that  
45 may include co-location of services, integrated  
46 intake, and coordinated referral and case management

1 and is tailored to the needs and priorities of that  
2 entity; and

3 . . .

4 Revised Law

5 Sec. 525.0152. PLANNING AND POLICY DIRECTION OF TEMPORARY  
6 ASSISTANCE FOR NEEDY FAMILIES PROGRAM. (a) In this section,  
7 "financial assistance program" means the financial assistance  
8 program operated under Chapter 31, Human Resources Code.

9 (b) The commission shall:

10 (1) plan and direct the financial assistance program,  
11 including the procurement, management, and monitoring of contracts  
12 necessary to implement the program; and

13 (2) establish requirements for and define the scope of  
14 the ongoing evaluation of the financial assistance program.

15 (c) The executive commissioner shall adopt rules and  
16 standards governing the financial assistance program. (Gov. Code,  
17 Sec. 531.0224; New.)

18 Source Law

19 Sec. 531.0224. PLANNING AND POLICY DIRECTION OF  
20 TEMPORARY ASSISTANCE FOR NEEDY FAMILIES PROGRAM. (a)  
21 The commission shall:

22 (1) plan and direct the financial  
23 assistance program under Chapter 31, Human Resources  
24 Code, including the procurement, management, and  
25 monitoring of contracts necessary to implement the  
26 program; and

27 (2) establish requirements for and define  
28 the scope of the ongoing evaluation of the financial  
29 assistance program under Chapter 31, Human Resources  
30 Code.

31 (b) The executive commissioner shall adopt  
32 rules and standards governing the financial assistance  
33 program under Chapter 31, Human Resources Code.

34 Revisor's Note

35 The definition of "financial assistance program"  
36 is added to the revised law for drafting convenience  
37 and to eliminate frequent, unnecessary repetition of  
38 the substance of the definition.

39 Revised Law

40 Sec. 525.0153. ANNUAL BUSINESS SERVICES PLANS. The  
41 commission shall develop and implement an annual business services  
42 plan for each health and human services region that:

1 (1) establishes performance objectives for all health  
2 and human services agencies providing services in the region; and

3 (2) measures agency effectiveness and efficiency in  
4 achieving those objectives. (Gov. Code, Sec. 531.0247.)

5 Source Law

6 Sec. 531.0247. ANNUAL BUSINESS PLAN. The  
7 commission shall develop and implement an annual  
8 business services plan for each health and human  
9 services region that establishes performance  
10 objectives for all health and human services agencies  
11 providing services in the region and measures agency  
12 effectiveness and efficiency in achieving those  
13 objectives.

14 Revised Law

15 Sec. 525.0154. COORDINATED STRATEGIC PLAN AND BIENNIAL PLAN  
16 UPDATES FOR HEALTH AND HUMAN SERVICES. (a) The executive  
17 commissioner shall:

18 (1) develop a coordinated, six-year strategic plan for  
19 health and human services in this state; and

20 (2) submit a biennial update of the plan to the  
21 governor, the lieutenant governor, and the speaker of the house of  
22 representatives not later than October 1 of each even-numbered  
23 year.

24 (b) The coordinated strategic plan must include the  
25 following goals:

26 (1) developing a comprehensive, statewide approach to  
27 the planning of health and human services;

28 (2) creating a continuum of care for families and  
29 individuals in need of health and human services;

30 (3) integrating health and human services to provide  
31 for the efficient and timely delivery of those services;

32 (4) maximizing existing resources through effective  
33 money management and the sharing of administrative functions;

34 (5) effectively using management information systems  
35 to continually improve service delivery;

36 (6) providing systemwide accountability through  
37 effective monitoring mechanisms;

1 (7) promoting teamwork among the health and human  
2 services agencies and providing incentives for creativity;

3 (8) fostering innovation at the local level; and

4 (9) encouraging full participation of fathers in  
5 programs and services relating to children.

6 (c) In developing the coordinated strategic plan and plan  
7 updates under this section, the executive commissioner shall  
8 consider:

9 (1) existing strategic plans of health and human  
10 services agencies;

11 (2) health and human services priorities and plans  
12 governmental entities submit under Section 525.0155;

13 (3) facilitation of pending reorganizations or  
14 consolidations of health and human services agencies and programs;

15 (4) public comment, including comment documented  
16 through public hearings conducted under Section \_\_\_\_ [[[Section  
17 531.036]]]; and

18 (5) budgetary issues, including projected agency  
19 needs and projected availability of money. (Gov. Code, Secs.  
20 531.022(a), (b), (c), (d).)

21 Source Law

22 Sec. 531.022. COORDINATED STRATEGIC PLAN FOR  
23 HEALTH AND HUMAN SERVICES. (a) The executive  
24 commissioner shall develop a coordinated, six-year  
25 strategic plan for health and human services in this  
26 state and shall update the plan biennially.

27 (b) The executive commissioner shall submit  
28 each biennial update of the plan to the governor, the  
29 lieutenant governor, and the speaker of the house of  
30 representatives not later than October 1 of each  
31 even-numbered year.

32 (c) The plan must include the following goals:

33 (1) the development of a comprehensive,  
34 statewide approach to the planning of health and human  
35 services;

36 (2) the creation of a continuum of care for  
37 families and individuals in need of health and human  
38 services;

39 (3) the integration of health and human  
40 services to provide for the efficient and timely  
41 delivery of those services;

42 (4) the maximization of existing resources  
43 through effective funds management and the sharing of  
44 administrative functions;

45 (5) the effective use of management  
46 information systems to continually improve service

1 delivery;  
2 (6) the provision of systemwide  
3 accountability through effective monitoring  
4 mechanisms;

5 (7) the promotion of teamwork among the  
6 health and human services agencies and the provision  
7 of incentives for creativity;

8 (8) the fostering of innovation at the  
9 local level; and

10 (9) the encouragement of full  
11 participation of fathers in programs and services  
12 relating to children.

13 (d) In developing a plan and plan updates under  
14 this section, the executive commissioner shall  
15 consider:

16 (1) existing strategic plans of health and  
17 human services agencies;

18 (2) health and human services priorities  
19 and plans submitted by governmental entities under  
20 Subsection (e);

21 (3) facilitation of pending  
22 reorganizations or consolidations of health and human  
23 services agencies and programs;

24 (4) public comment, including comment  
25 documented through public hearings conducted under  
26 Section 531.036; and

27 (5) budgetary issues, including projected  
28 agency needs and projected availability of funds.

29 Revised Law

30 Sec. 525.0155. COORDINATION WITH LOCAL GOVERNMENTAL  
31 ENTITIES. The executive commissioner shall:

32 (1) identify the governmental entities that  
33 coordinate the delivery of health and human services in regions,  
34 counties, and municipalities; and

35 (2) request that each identified governmental entity:

36 (A) identify the health and human services  
37 priorities in the entity's jurisdiction and the most effective ways  
38 to deliver and coordinate services in that jurisdiction;

39 (B) develop a coordinated plan for delivering  
40 health and human services in the jurisdiction, including transition  
41 services that prepare special education students for adulthood; and

42 (C) make available to the commission the  
43 information requested under Paragraphs (A) and (B). (Gov. Code,  
44 Sec. 531.022(e).)

45 Source Law

46 (e) The executive commissioner shall identify  
47 the governmental entities that coordinate the delivery  
48 of health and human services in regions, counties, and  
49 municipalities and request that each entity:

50 (1) identify the health and human services

1 priorities in the entity's jurisdiction and the most  
2 effective ways to deliver and coordinate services in  
3 that jurisdiction;

4 (2) develop a coordinated plan for the  
5 delivery of health and human services in the  
6 jurisdiction, including transition services that  
7 prepare special education students for adulthood; and

8 (3) make the information requested under  
9 Subdivisions (1) and (2) available to the commission.

10 Revised Law

11 Sec. 525.0156. SUBMISSION AND REVIEW OF AGENCY STRATEGIC  
12 PLANS AND BIENNIAL PLAN UPDATES. (a) Each health and human  
13 services agency shall submit to the commission a strategic plan and  
14 biennial updates of the plan on a date determined by commission  
15 rule.

16 (b) The commission shall:

17 (1) review and comment on each strategic plan and  
18 biennial update a health and human services agency submits to the  
19 commission under this section; and

20 (2) not later than January 1 of each even-numbered  
21 year, begin formal discussions with each health and human services  
22 agency regarding that agency's strategic plan or biennial update,  
23 as appropriate. (Gov. Code, Sec. 531.023.)

24 Source Law

25 Sec. 531.023. SUBMISSION OF PLANS AND UPDATES  
26 BY AGENCIES. (a) All health and human services  
27 agencies shall submit to the commission strategic  
28 plans and biennial updates on a date to be determined  
29 by commission rule. The commission shall review and  
30 comment on the strategic plans and biennial updates.

31 (b) Not later than January 1 of each  
32 even-numbered year, the commission shall begin formal  
33 discussions with each health and human services agency  
34 regarding that agency's strategic plan or biennial  
35 update.

36 Revised Law

37 Sec. 525.0157. STATEWIDE NEEDS APPRAISAL PROJECT. (a) The  
38 commission may implement the Statewide Needs Appraisal Project to  
39 obtain county-specific demographic data concerning health and  
40 human services needs in this state.

41 (b) Any collected data must be made available for use in  
42 planning and budgeting for health and human services programs by  
43 state agencies.

1 (c) The commission shall coordinate the commission's  
2 activities with the appropriate health and human services agencies.  
3 (Gov. Code, Sec. 531.025.)

4 Source Law

5 Sec. 531.025. STATEWIDE NEEDS APPRAISAL  
6 PROJECT. (a) The commission may implement the  
7 Statewide Needs Appraisal Project to obtain  
8 county-specific demographic data concerning health  
9 and human services needs in this state. Any collected  
10 data shall be made available for use in planning and  
11 budgeting for health and human services programs by  
12 state agencies.

13 (b) The commission shall coordinate its  
14 activities with the appropriate health and human  
15 services agencies.

16 Revised Law

17 Sec. 525.0158. STREAMLINING SERVICE DELIVERY. To integrate  
18 and streamline service delivery and facilitate access to services,  
19 the executive commissioner may:

20 (1) request a health and human services agency to take  
21 a specific action; and

22 (2) recommend the manner for accomplishing the  
23 streamlining, including requesting each agency to:

24 (A) simplify or automate agency procedures;

25 (B) coordinate service planning and management  
26 tasks between and among health and human services agencies;

27 (C) reallocate staff resources;

28 (D) waive existing rules; or

29 (E) take other necessary actions. (Gov. Code,  
30 Sec. 531.0241.)

31 Source Law

32 Sec. 531.0241. STREAMLINING DELIVERY OF  
33 SERVICES. To integrate and streamline service  
34 delivery and facilitate access to services, the  
35 executive commissioner may request a health and human  
36 services agency to take a specific action and may  
37 recommend the manner in which the streamlining is to be  
38 accomplished, including requesting each health and  
39 human services agency to:

40 (1) simplify agency procedures;

41 (2) automate agency procedures;

42 (3) coordinate service planning and  
43 management tasks between and among health and human  
44 services agencies;

45 (4) reallocate staff resources;

46 (5) waive existing rules; or

1 (6) take other necessary actions.

2 Revised Law

3 Sec. 525.0159. HOTLINE AND CALL CENTER COORDINATION. (a)

4 The commission shall establish a process to ensure all health and  
5 human services system hotlines and call centers are necessary and  
6 appropriate. Under the process, the commission shall:

7 (1) develop criteria for use in assessing whether a  
8 hotline or call center serves an ongoing purpose;

9 (2) develop and maintain an inventory of all system  
10 hotlines and call centers;

11 (3) use the inventory and assessment criteria the  
12 commission develops under this subsection to periodically  
13 consolidate hotlines and call centers along appropriate functional  
14 lines;

15 (4) develop an approval process designed to ensure  
16 that a newly established hotline or call center, including the  
17 telephone system and contract terms for the hotline or call center,  
18 meets policies and standards the commission establishes; and

19 (5) develop policies and standards for hotlines and  
20 call centers that:

21 (A) include quality and quantity performance  
22 measures and benchmarks; and

23 (B) may include policies and standards for:

24 (i) client satisfaction with call  
25 resolution;

26 (ii) accuracy of information provided;

27 (iii) the percentage of received calls that  
28 are answered;

29 (iv) the amount of time a caller spends on  
30 hold; and

31 (v) call abandonment rates.

32 (b) In consolidating hotlines and call centers under  
33 Subsection (a)(3), the commission shall seek to maximize the use  
34 and effectiveness of the commission's 2-1-1 telephone number.

1 (c) In developing policies and standards under Subsection  
2 (a)(5), the commission may allow varied performance measures and  
3 benchmarks for a hotline or call center based on factors affecting  
4 the capacity of the hotline or call center, including factors such  
5 as staffing levels and funding. (Gov. Code, Sec. 531.0192.)

6 Source Law

7 Sec. 531.0192. HEALTH AND HUMAN SERVICES SYSTEM  
8 HOTLINE AND CALL CENTER COORDINATION. (a) The  
9 commission shall establish a process to ensure all  
10 health and human services system hotlines and call  
11 centers are necessary and appropriate. Under the  
12 process, the commission shall:

13 (1) develop criteria for use in assessing  
14 whether a hotline or call center serves an ongoing  
15 purpose;

16 (2) develop and maintain an inventory of  
17 all system hotlines and call centers;

18 (3) use the inventory and assessment  
19 criteria developed under this subsection to  
20 periodically consolidate hotlines and call centers  
21 along appropriate functional lines;

22 (4) develop an approval process designed  
23 to ensure that a newly established hotline or call  
24 center, including the telephone system and contract  
25 terms for the hotline or call center, meets policies  
26 and standards established by the commission; and

27 (5) develop policies and standards for  
28 hotlines and call centers that include both quality  
29 and quantity performance measures and benchmarks and  
30 may include:

31 (A) client satisfaction with call  
32 resolution;

33 (B) accuracy of information  
34 provided;

35 (C) the percentage of received calls  
36 that are answered;

37 (D) the amount of time a caller  
38 spends on hold; and

39 (E) call abandonment rates.

40 (a-1) In developing policies and standards  
41 under Subsection (a)(5), the commission may allow  
42 varied performance measures and benchmarks for a  
43 hotline or call center based on factors affecting the  
44 capacity of the hotline or call center, including  
45 factors such as staffing levels and funding.

46 (b) In consolidating hotlines and call centers  
47 under Subsection (a)(3), the commission shall seek to  
48 maximize the use and effectiveness of the commission's  
49 2-1-1 telephone number.

50 Revised Law

51 Sec. 525.0160. COMMUNITY-BASED SUPPORT SYSTEMS. (a)  
52 Subject to Section \_\_\_\_ [[[Section 531.0055(d)]]], the commission  
53 shall assist communities in this state in developing comprehensive,  
54 community-based support systems for health and human services. At  
55 a community's request, the commission shall provide to the

1 community resources and assistance to enable the community to:

2 (1) identify and overcome institutional barriers to  
3 developing more comprehensive community support systems, including  
4 barriers resulting from the policies and procedures of state health  
5 and human services agencies; and

6 (2) develop a system of blended funds to allow the  
7 community to customize services to fit individual community needs.

8 (b) At the commission's request, a health and human services  
9 agency shall provide to a community resources and assistance as  
10 necessary to perform the commission's duties under Subsection (a).

11 (c) A health and human services agency that receives or  
12 develops a proposal for a community initiative shall submit the  
13 proposal to the commission for review and approval. The commission  
14 shall review the proposal to ensure that the proposed initiative:

15 (1) is consistent with other similar programs offered  
16 in communities; and

17 (2) does not duplicate other services provided in the  
18 community.

19 (d) In implementing this section, the commission shall  
20 consider models used in other service delivery systems, including  
21 the mental health and intellectual disability service delivery  
22 systems. (Gov. Code, Sec. 531.0248.)

23 Source Law

24 Sec. 531.0248. COMMUNITY-BASED SUPPORT  
25 SYSTEMS. (a) Subject to Section 531.0055(d), the  
26 commission shall assist communities in this state in  
27 developing comprehensive, community-based support  
28 systems for health and human services. At the request  
29 of a community, the commission shall provide resources  
30 and assistance to the community to enable the  
31 community to:

32 (1) identify and overcome institutional  
33 barriers to developing more comprehensive community  
34 support systems, including barriers that result from  
35 the policies and procedures of state health and human  
36 services agencies; and

37 (2) develop a system of blended funds to  
38 allow the community to customize services to fit  
39 individual community needs.

40 (b) At the request of the commission, a health  
41 and human services agency shall provide resources and  
42 assistance to a community as necessary to perform the  
43 commission's duties under Subsection (a).

44 (c) A health and human services agency that

1 receives or develops a proposal for a community  
2 initiative shall submit the initiative to the  
3 commission for review and approval. The commission  
4 shall review the initiative to ensure that the  
5 initiative is consistent with other similar programs  
6 offered in communities and does not duplicate other  
7 services provided in the community.

8 (d) In implementing this section, the  
9 commission shall consider models used in other service  
10 delivery systems, including the mental health and  
11 intellectual disability service delivery systems.

12 SUBCHAPTER E. HEALTH INFORMATION EXCHANGE SYSTEM

13 Revised Law

14 Sec. 525.0201. DEFINITIONS. In this subchapter:

15 (1) "Electronic health record" means an electronic  
16 record of an individual's aggregated health-related information  
17 that conforms to nationally recognized interoperability standards  
18 and that can be created, managed, and consulted by authorized  
19 health care providers across two or more health care organizations.

20 (2) "Electronic medical record" means an electronic  
21 record of an individual's health-related information that can be  
22 created, gathered, managed, and consulted by authorized clinicians  
23 and staff within a single health care organization.

24 (3) "Health information exchange system" means an  
25 electronic health information exchange system created under this  
26 subchapter that moves health-related information among entities  
27 according to nationally recognized standards. (Gov. Code, Secs.  
28 531.901(1), (2), (3).)

29 Source Law

30 Sec. 531.901. DEFINITIONS. In this subchapter:

31 (1) "Electronic health record" means an  
32 electronic record of aggregated health-related  
33 information concerning a person that conforms to  
34 nationally recognized interoperability standards and  
35 that can be created, managed, and consulted by  
36 authorized health care providers across two or more  
37 health care organizations.

38 (2) "Electronic medical record" means an  
39 electronic record of health-related information  
40 concerning a person that can be created, gathered,  
41 managed, and consulted by authorized clinicians and  
42 staff within a single health care organization.

43 (3) "Health information exchange system"  
44 means a health information exchange system created  
45 under this subchapter that moves health-related  
46 information among entities according to nationally  
47 recognized standards.

1 Revisor's Note

2 (1) Sections 531.901(1) and (2), Government  
3 Code, refer to health-related information concerning a  
4 "person." Throughout this chapter, the revised law  
5 substitutes "individual" for "person" for clarity and  
6 consistency where the context makes clear that the  
7 referenced person is a natural person and not an entity  
8 described by the definition of "person" provided by  
9 Section 311.005, Government Code (Code Construction  
10 Act), which applies to this code.

11 (2) Section 531.901(4), Government Code,  
12 defines "[l]ocal or regional health information  
13 exchange" for purposes of Subchapter V, Chapter 531,  
14 Government Code, the majority of which is revised as  
15 this subchapter. The revised law omits this  
16 definition as unnecessary because the term is not used  
17 elsewhere in Subchapter V, Chapter 531, or in the  
18 revised law in this subchapter. The omitted law reads:

19 (4) "Local or regional health  
20 information exchange" means a health  
21 information exchange operating in this  
22 state that securely exchanges electronic  
23 health information, including information  
24 for patients receiving services under the  
25 child health plan program or Medicaid,  
26 among hospitals, clinics, physicians'  
27 offices, and other health care providers  
28 that are not owned by a single entity or  
29 included in a single operational unit or  
30 network.

31 Revised Law

32 Sec. 525.0202. HEALTH INFORMATION EXCHANGE SYSTEM  
33 DEVELOPMENT. (a) The commission shall develop an electronic  
34 health information exchange system to improve the quality, safety,  
35 and efficiency of health care services provided under Medicaid and  
36 the child health plan program. In developing the system, the  
37 commission shall ensure that:

38 (1) the confidentiality of patients' health  
39 information is protected and patient privacy is maintained in

1 accordance with federal and state law, including:

2 (A) Section 1902(a)(7), Social Security Act (42  
3 U.S.C. Section 1396a(a)(7));

4 (B) the Health Insurance Portability and  
5 Accountability Act of 1996 (Pub. L. No. 104-191);

6 (C) Chapter 552;

7 (D) Subchapter G, Chapter 241, Health and Safety  
8 Code;

9 (E) Section 12.003, Human Resources Code; and

10 (F) federal and state rules, including:

11 (i) 42 C.F.R. Part 431, Subpart F; and

12 (ii) 45 C.F.R. Part 164;

13 (2) appropriate information technology systems the  
14 commission and health and human services agencies use are  
15 interoperable;

16 (3) the system and external information technology  
17 systems are interoperable in receiving and exchanging appropriate  
18 electronic health information as necessary to enhance:

19 (A) the comprehensive nature of information  
20 contained in electronic health records; and

21 (B) health care provider efficiency by  
22 supporting integration of the information into the electronic  
23 health record health care providers use;

24 (4) the system and other health information systems  
25 not described by Subdivision (3) and data warehousing initiatives  
26 are interoperable; and

27 (5) the system includes the elements described by  
28 Subsection (b).

29 (b) The health information exchange system must include the  
30 following elements:

31 (1) an authentication process that uses multiple forms  
32 of identity verification before allowing access to information  
33 systems and data;

34 (2) a formal process for establishing data-sharing

1 agreements within the community of participating providers in  
2 accordance with the Health Insurance Portability and  
3 Accountability Act of 1996 (Pub. L. No. 104-191) and the American  
4 Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5);

5 (3) a method by which the commission may open or  
6 restrict access to the system during a declared state emergency;

7 (4) the capability of appropriately and securely  
8 sharing health information with state and federal emergency  
9 responders;

10 (5) compatibility with the Nationwide Health  
11 Information Network (NHIN) and other national health information  
12 technology initiatives coordinated by the Office of the National  
13 Coordinator for Health Information Technology;

14 (6) technology that allows for patient identification  
15 across multiple systems; and

16 (7) the capability of allowing a health care provider  
17 with technology that meets current national standards to access the  
18 system.

19 (c) The health information exchange system must be  
20 developed in accordance with the Medicaid Information Technology  
21 Architecture (MITA) initiative of the Centers for Medicare and  
22 Medicaid Services and conform to other standards required under  
23 federal law. (Gov. Code, Secs. 531.903(a), (b), (d).)

24 Source Law

25 Sec. 531.903. ELECTRONIC HEALTH INFORMATION  
26 EXCHANGE SYSTEM. (a) The commission shall develop an  
27 electronic health information exchange system to  
28 improve the quality, safety, and efficiency of health  
29 care services provided under the child health plan  
30 program and Medicaid. In developing the system, the  
31 commission shall ensure that:

32 (1) the confidentiality of patients'  
33 health information is protected and the privacy of  
34 those patients is maintained in accordance with  
35 applicable federal and state law, including:

36 (A) Section 1902(a)(7), Social  
37 Security Act (42 U.S.C. Section 1396a(a)(7));

38 (B) the Health Insurance Portability  
39 and Accountability Act of 1996 (Pub. L. No. 104-191);

40 (C) Chapter 552;

41 (D) Subchapter G, Chapter 241, Health  
42 and Safety Code;

43 (E) Section 12.003, Human Resources

1 Code; and  
2 (F) federal and state rules and  
3 regulations, including:

4 (i) 42 C.F.R. Part 431, Subpart  
5 F; and

6 (ii) 45 C.F.R. Part 164;  
7 (2) appropriate information technology  
8 systems used by the commission and health and human  
9 services agencies are interoperable;

10 (3) the system and external information  
11 technology systems are interoperable in receiving and  
12 exchanging appropriate electronic health information  
13 as necessary to enhance:

14 (A) the comprehensive nature of the  
15 information contained in electronic health records;  
16 and

17 (B) health care provider efficiency  
18 by supporting integration of the information into the  
19 electronic health record used by health care  
20 providers;

21 (4) the system and other health  
22 information systems not described by Subdivision (3)  
23 and data warehousing initiatives are interoperable;  
24 and

25 (5) the system has the elements described  
26 by Subsection (b).

27 (b) The health information exchange system must  
28 include the following elements:

29 (1) an authentication process that uses  
30 multiple forms of identity verification before  
31 allowing access to information systems and data;

32 (2) a formal process for establishing  
33 data-sharing agreements within the community of  
34 participating providers in accordance with the Health  
35 Insurance Portability and Accountability Act of 1996  
36 (Pub. L. No. 104-191) and the American Recovery and  
37 Reinvestment Act of 2009 (Pub. L. No. 111-5);

38 (3) a method by which the commission may  
39 open or restrict access to the system during a declared  
40 state emergency;

41 (4) the capability of appropriately and  
42 securely sharing health information with state and  
43 federal emergency responders;

44 (5) compatibility with the Nationwide  
45 Health Information Network (NHIN) and other national  
46 health information technology initiatives coordinated  
47 by the Office of the National Coordinator for Health  
48 Information Technology;

49 (6) technology that allows for patient  
50 identification across multiple systems; and

51 (7) the capability of allowing a health  
52 care provider to access the system if the provider has  
53 technology that meets current national standards.

54 (d) The health information exchange system must  
55 be developed in accordance with the Medicaid  
56 Information Technology Architecture (MITA) initiative  
57 of the Center for Medicaid and State Operations and  
58 conform to other standards required under federal law.

59 Revisor's Note

60 (1) Section 531.903(a)(1)(F), Government Code,  
61 refers to "federal and state rules and regulations."

62 The revised law omits the reference to "regulations"

1 because under Section 311.005, Government Code (Code  
2 Construction Act), which applies to this code, a rule  
3 is defined to include a regulation.

4 (2) Section 531.903(d), Government Code, refers  
5 to the "Medicaid Information Technology Architecture  
6 (MITA) initiative of the Center for Medicaid and State  
7 Operations." The current name of the center  
8 sponsoring the quoted initiative is the "Centers for  
9 Medicare and Medicaid Services." The revised law is  
10 drafted accordingly.

11 Revised Law

12 Sec. 525.0203. HEALTH INFORMATION EXCHANGE SYSTEM  
13 IMPLEMENTATION IN STAGES. The commission shall implement the  
14 health information exchange system in stages as described by this  
15 subchapter, except that the commission may deviate from those  
16 stages if technological advances make a deviation advisable or more  
17 efficient. (Gov. Code, Sec. 531.903(c).)

18 Source Law

19 (c) The commission shall implement the health  
20 information exchange system in stages as described by  
21 this chapter, except that the commission may deviate  
22 from those stages if technological advances make a  
23 deviation advisable or more efficient.

24 Revisor's Note

25 Section 531.903(c), Government Code, refers to  
26 the implementation of the health information exchange  
27 system in stages as described by "this chapter,"  
28 meaning Chapter 531, Government Code. Chapter 531 is  
29 revised throughout Subtitle I, Title 4, Government  
30 Code. However, the relevant portions of Chapter 531  
31 concerning the implementation of the health  
32 information exchange system in stages are revised in  
33 this subchapter, and the revised law is drafted  
34 accordingly.

35 Revised Law

36 Sec. 525.0204. HEALTH INFORMATION EXCHANGE SYSTEM STAGE

1 ONE: ENCOUNTER DATA. In stage one of implementing the health  
2 information exchange system and for purposes of the implementation,  
3 the commission shall require each managed care organization with  
4 which the commission contracts under Chapter \_\_\_\_\_ [[[Chapter  
5 533]]] for the provision of Medicaid managed care services or under  
6 Chapter 62, Health and Safety Code, for the provision of child  
7 health plan program services to submit to the commission complete  
8 and accurate encounter data not later than the 30th day after the  
9 last day of the month in which the managed care organization  
10 adjudicated the claim. (Gov. Code, Sec. 531.9051.)

11 Source Law

12 Sec. 531.9051. ELECTRONIC HEALTH INFORMATION  
13 EXCHANGE SYSTEM STAGE ONE: ENCOUNTER DATA. In stage  
14 one of implementing the health information exchange  
15 system, the commission shall require for purposes of  
16 the implementation each managed care organization with  
17 which the commission contracts under Chapter 533 for  
18 the provision of Medicaid managed care services or  
19 Chapter 62, Health and Safety Code, for the provision  
20 of child health plan program services to submit to the  
21 commission complete and accurate encounter data not  
22 later than the 30th day after the last day of the month  
23 in which the managed care organization adjudicated the  
24 claim.

25 Revised Law

26 Sec. 525.0205. HEALTH INFORMATION EXCHANGE SYSTEM STAGE  
27 ONE: ELECTRONIC PRESCRIBING. (a) In stage one of implementing the  
28 health information exchange system, the commission shall support  
29 and coordinate electronic prescribing tools health care providers  
30 and health care facilities use under Medicaid and the child health  
31 plan program.

32 (b) The commission shall collaborate with, and accept  
33 recommendations from, physicians and other stakeholders to ensure  
34 that the electronic prescribing tools described by Subsection (a):

35 (1) are integrated with existing electronic  
36 prescribing systems otherwise in use in the public and private  
37 sectors; and

38 (2) to the extent feasible:

39 (A) provide current payer formulary information  
40 at the time a health care provider writes a prescription; and

1 (B) support the electronic transmission of a  
2 prescription.

3 (c) The commission may take any reasonable action to comply  
4 with this section, including establishing information exchanges  
5 with national electronic prescribing networks or providing health  
6 care providers with access to an Internet-based prescribing tool  
7 the commission develops.

8 (d) The commission shall apply for and actively pursue any  
9 waiver to the state Medicaid plan or the child health plan program  
10 from the Centers for Medicare and Medicaid Services or any other  
11 federal agency as necessary to remove an identified impediment to  
12 supporting and implementing electronic prescribing tools under  
13 this section, including the requirement for handwritten  
14 certification of certain drugs under 42 C.F.R. Section 447.512. If  
15 the commission, with assistance from the Legislative Budget Board,  
16 determines that the implementation of an operational modification  
17 in accordance with a waiver the commission obtains as required by  
18 this subsection has resulted in a cost increase in Medicaid or the  
19 child health plan program, the commission shall take the necessary  
20 actions to reverse the operational modification. (Gov. Code, Sec.  
21 531.906.)

22 Source Law

23 Sec. 531.906. ELECTRONIC HEALTH INFORMATION  
24 EXCHANGE SYSTEM STAGE ONE: ELECTRONIC PRESCRIBING.

25 (a) In stage one of implementing the health  
26 information exchange system, the commission shall  
27 support and coordinate electronic prescribing tools  
28 used by health care providers and health care  
29 facilities under the child health plan program and  
30 Medicaid.

31 (b) The commission shall consult and  
32 collaborate with, and accept recommendations from,  
33 physicians and other stakeholders to ensure that the  
34 electronic prescribing tools described by Subsection  
35 (a):

36 (1) are integrated with existing  
37 electronic prescribing systems otherwise in use in the  
38 public and private sectors; and

39 (2) to the extent feasible:

40 (A) provide current payer formulary  
41 information at the time a health care provider writes a  
42 prescription; and

43 (B) support the electronic  
44 transmission of a prescription.

45 (c) The commission may take any reasonable

1 action to comply with this section, including  
2 establishing information exchanges with national  
3 electronic prescribing networks or providing health  
4 care providers with access to an Internet-based  
5 prescribing tool developed by the commission.

6 (d) The commission shall apply for and actively  
7 pursue any waiver to the child health plan program or  
8 the state Medicaid plan from the federal Centers for  
9 Medicare and Medicaid Services or any other federal  
10 agency as necessary to remove an identified impediment  
11 to supporting and implementing electronic prescribing  
12 tools under this section, including the requirement  
13 for handwritten certification of certain drugs under  
14 42 C.F.R. Section 447.512. If the commission, with  
15 assistance from the Legislative Budget Board,  
16 determines that the implementation of operational  
17 modifications in accordance with a waiver obtained as  
18 required by this subsection has resulted in cost  
19 increases in the child health plan program or  
20 Medicaid, the commission shall take the necessary  
21 actions to reverse the operational modifications.

22 Revisor's Note

23 Section 531.906(b), Government Code, requires  
24 the Health and Human Services Commission to "consult  
25 and collaborate with . . . physicians and other  
26 stakeholders." The revised law omits "consult" as  
27 redundant because, in this context, "consult" is  
28 included in the meaning of "collaborate."

29 Revised Law

30 Sec. 525.0206. HEALTH INFORMATION EXCHANGE SYSTEM STAGE  
31 TWO: EXPANSION. (a) In stage two of implementing the health  
32 information exchange system and based on feedback provided by  
33 interested parties, the commission may expand the system by:

34 (1) providing an electronic health record for each  
35 child health plan program enrollee;

36 (2) including state laboratory results information in  
37 an electronic health record, including the results of newborn  
38 screenings and tests conducted under the Texas Health Steps  
39 program, based on the system developed for the health passport  
40 under Section 266.006, Family Code;

41 (3) improving electronic health record data-gathering  
42 capabilities to allow the record to include basic health and  
43 clinical information as the executive commissioner determines in  
44 addition to available claims information;



1 Revisor's Note

2 Section 531.907(b), Government Code, requires  
3 the Health and Human Services Commission to "consult  
4 and collaborate with . . . physicians and other  
5 stakeholders." The revised law omits "consult" for  
6 the reason stated in the revisor's note to Section  
7 525.0205 of this chapter.

8 Revised Law

9 Sec. 525.0207. HEALTH INFORMATION EXCHANGE SYSTEM STAGE  
10 THREE: EXPANSION. In stage three of implementing the health  
11 information exchange system, the commission may expand the system  
12 by:

13 (1) developing evidence-based benchmarking tools for  
14 a health care provider to use in evaluating the provider's own  
15 performance on health care outcomes and overall quality of care as  
16 compared to aggregated peer performance data; and

17 (2) expanding the system to include state agencies,  
18 additional health care providers, laboratories, diagnostic  
19 facilities, hospitals, and medical offices. (Gov. Code, Sec.  
20 531.908.)

21 Source Law

22 Sec. 531.908. ELECTRONIC HEALTH INFORMATION  
23 EXCHANGE SYSTEM STAGE THREE: EXPANSION. In stage three  
24 of implementing the health information exchange  
25 system, the commission may expand the system by:

26 (1) developing evidence-based  
27 benchmarking tools that can be used by health care  
28 providers to evaluate their own performances on health  
29 care outcomes and overall quality of care as compared  
30 to aggregated performance data regarding peers; and

31 (2) expanding the system to include state  
32 agencies, additional health care providers,  
33 laboratories, diagnostic facilities, hospitals, and  
34 medical offices.

35 Revised Law

36 Sec. 525.0208. STRATEGIES TO ENCOURAGE HEALTH INFORMATION  
37 EXCHANGE SYSTEM USE. The commission shall develop strategies to  
38 encourage health care providers to use the health information  
39 exchange system, including incentives, education, and outreach  
40 tools to increase usage. (Gov. Code, Sec. 531.909.)



1 benefits in purchasing for health and human services information  
2 resources systems; and

3 (G) is consistent with the state strategic plan  
4 for information resources developed under Chapter 2054;

5 (2) establish and ensure compliance with information  
6 resources management policies, procedures, and technical  
7 standards; and

8 (3) review and approve the information resources  
9 deployment review and biennial operating plan of each health and  
10 human services agency.

11 (c) A health and human services agency may not submit the  
12 agency's plans to the Department of Information Resources or the  
13 Legislative Budget Board under Subchapter E, Chapter 2054, until  
14 the commission approves the plans. (Gov. Code, Sec. 531.0273.)

15 Source Law

16 Sec. 531.0273. INFORMATION RESOURCES PLANNING  
17 AND MANAGEMENT. (a) The commission is responsible for  
18 strategic planning for information resources at each  
19 health and human services agency and shall direct the  
20 management of information resources at each health and  
21 human services agency. The commission shall:

22 (1) develop a coordinated strategic plan  
23 for information resources management that:

24 (A) covers a five-year period;

25 (B) defines objectives for  
26 information resources management at each health and  
27 human services agency;

28 (C) prioritizes information  
29 resources projects and implementation of new  
30 technology for all health and human services agencies;

31 (D) integrates planning and  
32 development of each information resources system used  
33 by a health and human services agency into a  
34 coordinated information resources management planning  
35 and development system established by the commission;

36 (E) establishes standards for  
37 information resources system security and that  
38 promotes the ability of information resources systems  
39 to operate with each other;

40 (F) achieves economies of scale and  
41 related benefits in purchasing for health and human  
42 services information resources systems; and

43 (G) is consistent with the state  
44 strategic plan for information resources developed  
45 under Chapter 2054;

46 (2) establish information resources  
47 management policies, procedures, and technical  
48 standards and ensure compliance with those policies,  
49 procedures, and standards; and

50 (3) review and approve the information  
51 resources deployment review and biennial operating  
52 plan of each health and human services agency.

1 (c) A health and human services agency may not  
2 submit its plans to the Department of Information  
3 Resources or the Legislative Budget Board under  
4 Subchapter E, Chapter 2054, until those plans are  
5 approved by the commission.

6 Revised Law

7 Sec. 525.0252. TECHNOLOGICAL SOLUTIONS POLICIES. (a) The  
8 commission shall develop and implement a policy requiring the  
9 agency commissioner and employees of each health and human services  
10 agency to research and propose appropriate technological solutions  
11 to improve the agency's ability to perform the agency's functions.  
12 The technological solutions must:

13 (1) ensure that the public is able to easily find  
14 information about a health and human services agency on the  
15 Internet;

16 (2) ensure that an individual who wants to use a health  
17 and human services agency's services is able to:

18 (A) interact with the agency through the  
19 Internet; and

20 (B) access any service that can be effectively  
21 provided through the Internet;

22 (3) be cost-effective and developed through the  
23 commission's planning process; and

24 (4) meet federal accessibility standards for  
25 individuals with disabilities.

26 (b) The commission shall develop and implement the policy  
27 described by Subsection (a) in relation to the commission's  
28 functions. (Gov. Code, Secs. 531.0162(a), (b).)

29 Source Law

30 Sec. 531.0162. USE OF TECHNOLOGY. (a) The  
31 commission shall develop and implement a policy  
32 requiring the agency commissioner and employees of  
33 each health and human services agency to research and  
34 propose appropriate technological solutions to  
35 improve the agency's ability to perform its functions.  
36 The technological solutions must:

37 (1) ensure that the public is able to  
38 easily find information about a health and human  
39 services agency on the Internet;

40 (2) ensure that persons who want to use a  
41 health and human services agency's services are able  
42 to:

43 (A) interact with the agency through

1 the Internet; and  
2 (B) access any service that can be  
3 provided effectively through the Internet;  
4 (3) be cost-effective and developed  
5 through the commission's planning process; and  
6 (4) meet federal accessibility standards  
7 for persons with disabilities.  
8 (b) The commission shall develop and implement a  
9 policy described by Subsection (a) in relation to the  
10 commission's functions.

11 Revised Law

12 Sec. 525.0253. TECHNOLOGY USE FOR ADULT PROTECTIVE SERVICES  
13 PROGRAM. (a) Subject to available appropriations, the commission  
14 shall use technology whenever possible in connection with the  
15 Department of Family and Protective Services' adult protective  
16 services program to:

17 (1) provide for automated collection of information  
18 necessary to evaluate program effectiveness using systems that  
19 integrate collection of necessary information with other routine  
20 duties of caseworkers and other service providers; and

21 (2) consequently reduce the time required for  
22 caseworkers and other service providers to gather and report  
23 information necessary for program evaluation.

24 (b) The commission shall include private sector  
25 representatives in the technology planning process used to  
26 determine appropriate technology for the Department of Family and  
27 Protective Services' adult protective services program. (Gov.  
28 Code, Secs. 531.0162(c), (d).)

29 Source Law

30 (c) Subject to available appropriations, the  
31 commission shall use technology whenever possible in  
32 connection with the adult protective services program  
33 of the Department of Family and Protective Services  
34 to:

35 (1) provide for automated collection of  
36 information necessary to evaluate program  
37 effectiveness using systems that integrate collection  
38 of necessary information with other routine duties of  
39 caseworkers and other service providers; and

40 (2) consequently reduce the time that  
41 caseworkers and other service providers are required  
42 to use in gathering and reporting information  
43 necessary for program evaluation.

44 (d) The commission shall include  
45 representatives of the private sector in the  
46 technology planning process used to determine  
47 appropriate technology for the adult protective  
48 services program of the Department of Family and

1 Protective Services.

2 Revised Law

3 Sec. 525.0254. ELECTRONIC SIGNATURES. (a) In this  
4 section, "transaction" has the meaning assigned by Section 322.002,  
5 Business & Commerce Code.

6 (b) The executive commissioner shall establish standards  
7 for the use of electronic signatures in accordance with Chapter  
8 322, Business & Commerce Code, with respect to any transaction in  
9 connection with the administration of health and human services  
10 programs.

11 (c) The executive commissioner shall adopt rules to  
12 implement the executive commissioner's authority under this  
13 section. (Gov. Code, Secs. 531.0055(j), (m).)

14 Source Law

15 (j) The executive commissioner shall adopt  
16 rules to implement the executive commissioner's  
17 authority under this section.

18 (m) The executive commissioner shall establish  
19 standards for the use of electronic signatures in  
20 accordance with the Uniform Electronic Transactions  
21 Act (Chapter 322, Business & Commerce Code), with  
22 respect to any transaction, as defined by Section  
23 322.002, Business & Commerce Code, in connection with  
24 the administration of health and human services  
25 programs.

26 Revisor's Note

27 Section 531.0055(j), Government Code, requires  
28 the executive commissioner of the Health and Human  
29 Services Commission to adopt rules to implement the  
30 executive commissioner's authority under "this  
31 section," meaning Section 531.0055, Government Code.  
32 The substantive provisions of Section 531.0055 are  
33 revised as \_\_\_ [[[Sections 531.0055(a), (b), (c), (d),  
34 (e), (f), (g), (h), (k), and (l)]]] of Chapter \_\_\_ in  
35 this subtitle and as Section 525.0254 of this chapter.  
36 The revised law, however, substitutes a reference to  
37 only "this section," meaning Section 525.0254 of this  
38 chapter, for the reference to "this section" in  
39 Section 531.0055(j) and does not include a reference

1 to \_\_\_\_ [[[Sections 531.0055(a), (b), (c), (d), (e),  
2 (f), (g), (h), (k), and (l)]]] in this subtitle because  
3 the substance of Section 531.0055(j) is also revised  
4 with those provisions as appropriate.

5 Revised Law

6 Sec. 525.0255. HEALTH AND HUMAN SERVICES SYSTEM INTERNET  
7 WEBSITES. The commission shall establish a process to ensure that  
8 Internet websites across the health and human services system are  
9 developed and maintained according to standard criteria for  
10 uniformity, efficiency, and technical capabilities. Under the  
11 process, the commission shall:

12 (1) develop and maintain an inventory of all health  
13 and human services system Internet websites; and

14 (2) on an ongoing basis, evaluate the inventory the  
15 commission maintains under Subdivision (1) to:

16 (A) determine whether any Internet websites  
17 should be consolidated to improve public access to those websites'  
18 content and, if appropriate, consolidate those websites; and

19 (B) ensure that the Internet websites comply with  
20 the standard criteria. (Gov. Code, Sec. 531.0164.)

21 Source Law

22 Sec. 531.0164. HEALTH AND HUMAN SERVICES SYSTEM  
23 INTERNET WEBSITE COORDINATION. The commission shall  
24 establish a process to ensure Internet websites across  
25 the health and human services system are developed and  
26 maintained according to standard criteria for  
27 uniformity, efficiency, and technical capabilities.  
28 Under the process, the commission shall:

29 (1) develop and maintain an inventory of  
30 all health and human services system Internet  
31 websites;

32 (2) on an ongoing basis, evaluate the  
33 inventory maintained under Subdivision (1) to:

34 (A) determine whether any of the  
35 Internet websites should be consolidated to improve  
36 public access to those websites' content; and

37 (B) ensure the Internet websites  
38 comply with the standard criteria; and

39 (3) if appropriate, consolidate the  
40 websites identified under Subdivision (2)(A).

41 Revised Law

42 Sec. 525.0256. AUTOMATION STANDARDS FOR DATA SHARING. The  
43 executive commissioner, with the Department of Information

1 Resources, shall develop automation standards for computer systems  
2 to enable health and human services agencies, including agencies  
3 operating at a local level, to share pertinent data. (Gov. Code,  
4 Sec. 531.024(a) (part).)

5 Source Law

6 Sec. 531.024. PLANNING AND DELIVERY OF HEALTH  
7 AND HUMAN SERVICES; DATA SHARING. (a) The executive  
8 commissioner shall:

9  
10 (2) develop with the Department of  
11 Information Resources automation standards for  
12 computer systems to enable health and human services  
13 agencies, including agencies operating at a local  
14 level, to share pertinent data;  
15 . . .

16 Revised Law

17 Sec. 525.0257. ELECTRONIC EXCHANGE OF HEALTH INFORMATION;  
18 BIENNIAL REPORT. (a) In this section, "health care provider"  
19 includes a physician.

20 (b) The executive commissioner shall ensure that:

21 (1) all information systems available for the  
22 commission or a health and human services agency to use in sending  
23 protected health information to a health care provider or receiving  
24 protected health information from a health care provider, and for  
25 which planning or procurement begins on or after September 1, 2015,  
26 are capable of sending or receiving the information in accordance  
27 with the applicable data exchange standards developed by the  
28 appropriate standards development organization accredited by the  
29 American National Standards Institute;

30 (2) if national data exchange standards do not exist  
31 for a system described by Subdivision (1), the commission makes  
32 every effort to ensure that the system is interoperable with the  
33 national standards for electronic health record systems; and

34 (3) the commission and each health and human services  
35 agency establish an interoperability standards plan for all  
36 information systems that exchange protected health information  
37 with health care providers.

38 (c) Not later than December 1 of each even-numbered year,

1 the executive commissioner shall report to the governor and the  
2 Legislative Budget Board on the commission's and the health and  
3 human services agencies' measurable progress in ensuring that the  
4 information systems described by Subsection (b) are interoperable  
5 with one another and meet the appropriate standards specified by  
6 that subsection. The report must include an assessment of the  
7 progress made in achieving commission goals related to the exchange  
8 of health information, including facilitating care coordination  
9 among the agencies, ensuring quality improvement, and realizing  
10 cost savings. (Gov. Code, Secs. 531.0162(e), (f), (h) (part).)

11 Source Law

12 (e) The executive commissioner shall ensure  
13 that:

14 (1) all information systems available for  
15 use by the commission or a health and human services  
16 agency in sending protected health information to a  
17 health care provider or receiving protected health  
18 information from a health care provider, and for which  
19 planning or procurement begins on or after September  
20 1, 2015, are capable of sending or receiving that  
21 information in accordance with the applicable data  
22 exchange standards developed by the appropriate  
23 standards development organization accredited by the  
24 American National Standards Institute;

25 (2) if national data exchange standards do  
26 not exist for a system described by Subdivision (1),  
27 the commission makes every effort to ensure the system  
28 is interoperable with the national standards for  
29 electronic health record systems; and

30 (3) the commission and each health and  
31 human services agency establish an interoperability  
32 standards plan for all information systems that  
33 exchange protected health information with health care  
34 providers.

35 (f) Not later than December 1 of each  
36 even-numbered year, the executive commissioner shall  
37 report to the governor and the Legislative Budget  
38 Board on the commission's and the health and human  
39 services agencies' measurable progress in ensuring  
40 that the information systems described in Subsection  
41 (e) are interoperable with one another and meet the  
42 appropriate standards specified by that subsection.  
43 The report must include an assessment of the progress  
44 made in achieving commission goals related to the  
45 exchange of health information, including  
46 facilitating care coordination among the agencies,  
47 ensuring quality improvement, and realizing cost  
48 savings.

49 (h) In this section, "health care provider" and  
50 . . . include a physician.

51 SUBCHAPTER G. STUDIES, REPORTS, AND PUBLICATIONS

1 Revised Law

2 Sec. 525.0301. BIENNIAL REFERENCE GUIDE. (a) The  
3 commission shall:

4 (1) publish a biennial reference guide describing  
5 available public health and human services in this state; and

6 (2) make the guide available to all interested parties  
7 and agencies.

8 (b) The reference guide must include a dictionary of uniform  
9 terms and services. (Gov. Code, Sec. 531.040.)

10 Source Law

11 Sec. 531.040. REFERENCE GUIDE; DICTIONARY.  
12 (a) The commission shall publish a biennial reference  
13 guide describing available public health and human  
14 services in this state and shall make the guide  
15 available to all interested parties and agencies.

16 (b) The reference guide must include a  
17 dictionary of uniform terms and services.

18 Revised Law

19 Sec. 525.0302. CONSOLIDATION OF REPORTS. The commission  
20 may consolidate any annual or biennial reports required to be made  
21 under this chapter or another law if:

22 (1) the consolidated report is submitted not later  
23 than the earliest deadline for the submission of any component of  
24 the report; and

25 (2) each person required to receive a component of the  
26 consolidated report receives the report, and the report identifies  
27 the component the person was required to receive. (Gov. Code, Sec.  
28 531.014.)

29 Source Law

30 Sec. 531.014. CONSOLIDATION OF REPORTS. The  
31 commission may consolidate any annual or biennial  
32 reports required to be made under this chapter or  
33 another law if:

34 (1) the consolidated report is submitted  
35 not later than the earliest deadline for the  
36 submission of any component of the consolidated  
37 report; and

38 (2) each person required to receive a  
39 component of the consolidated report receives the  
40 consolidated report and the consolidated report  
41 identifies the component of the report the person was  
42 required to receive.

